

Performance Outcomes System

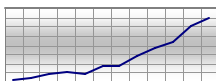
Implementation Protocol (2003-2004)



**Broad-Based Evaluation
Consumer Perception Survey
Data Collection**

Table of Contents

<i>Background – A Collaborative Process</i>	<i>3</i>
<i>Data Collection Time Frames</i>	<i>4</i>
<i>Target Population for Consumer Perception Surveys.....</i>	<i>4</i>
<i>Responsibility for Reporting Data to DMH</i>	<i>4</i>
<i>Consumer Perception Surveys.....</i>	<i>5</i>
<i>Language Translations.....</i>	<i>6</i>
<i>Staff Members and/or Peer Advocates / Volunteers Component.....</i>	<i>6</i>
<i>Official Data Dictionaries</i>	<i>7</i>
<i>Confidentiality.....</i>	<i>8</i>
<i>Recommended Methodology for Assessing Consumer Perceptions</i>	<i>8</i>
<i>Submitting Data to DMH for the November 2003 Survey Period</i>	<i>9</i>
<i>Instructions for Printing and Distributing DMH TELEform Forms.....</i>	<i>10</i>
<i>Instructions for Completing DMH TELEform Forms.....</i>	<i>11</i>
<i>DMH Information Technology Web Services (ITWS)</i>	<i>12</i>
<i>DMH Technology Development.....</i>	<i>12</i>
<i>Returning Data to Counties.....</i>	<i>12</i>
<i>Contacts.....</i>	<i>13</i>



September 22, 2003

Background – A Collaborative Process

In October 2002, consumer perception surveys for the Performance Outcomes System were developed based on the recommendations of the Performance Outcomes Steering Committee, which was made up of the California Mental Health Director's Association (CMHDA), the California Mental Health Planning Council (CMHPC), staff from the California State Department of Mental Health (DMH) and county representatives. The final versions of the surveys reflect the Performance Outcome Steering Committee recommendations, as well as the mandates set forth by the Federal Block Grant reporting requirements, Medi-Cal regulations and the California Legislature. Surveys were developed for youth, the parents/caregivers of children and youth, as well as for adults and older adults.

The Youth Services Survey for Youth (YSS) and the Youth Services Survey for Families (YSS-F) have been selected for the evaluation of services provided to children and youth. Several background items are included (i.e., arrest, school attendance, the race and Latino origin items, and the item indicating who helped the consumer) to meet the specific requirements for Federal Block Grant reporting.

Similarly, the nationally recognized 28-item Mental Health and Statistics Improvement Program (MHSIP) Consumer Survey and items related to the consumer's quality of life have been selected for the evaluation of services provided to adults and older adults. It is important to note that although the Adult and Older Adult Surveys appear to be similar, in some cases the Performance Outcome Steering Committee made different recommendations regarding the quality of life questions based on the age differences between the populations. These surveys are **not** interchangeable. (The Adult Survey should be given to consumers age 18 to 59. The Older Adult Survey should be given to consumers age 60 and above.) The Performance Outcomes Steering Committee also recommended keeping the item reflective of the degree to which adults and older adults came into service voluntarily.

There are no longer restrictions on how long, nor how many services make a consumer eligible for surveying. Even if the consumer is receiving his/her first service, the survey may be given **directly following** that service. At the beginning of all of the consumer perception surveys, consumers are asked to complete a "length of services" item. The purpose of this item is to allow potential differences in responses to be evaluated as a function of service length.

At the end of each of the surveys, the consumer is asked to complete several background items (e.g., gender and date of birth). These items are included to meet reporting requirements required by the Federal Block Grant as well as help link performance outcomes data to the Client and Services Information (CSI) System data.

In addition, consumers are asked to identify who provided assistance in completing any part of the survey. This information is important for various stakeholders such as the CMHPC (whose concern has been validity and reliability of consumer survey responses depending on the degree of service provider involvement), the Federal government, and consumers. In response to such concerns, this protocol includes a suggested administration method where peer advocates / volunteers provide assistance to consumers in completing the surveys. A detailed description of this method is outlined in this protocol in the section, "Recommended Methodology for Assessing Consumer Perceptions."



September 22, 2003

In order to minimize county administrative burden, nearly all items are to be completed by the consumer (or caregiver). The only items that peer advocates, volunteers or *staff not involved in the consumer's care* are required to complete are: 1) the CSI County Client Number (CCN), 2) the reason (if any) that the consumer does not complete the survey (see "Surveys / Data Elements" for further instructions), and 3) the date that the survey was completed. These items are contained in the "For Office Use Only" section at the bottom of the last page of each of the surveys.

At this time the Performance Outcomes System is focusing on measuring consumer and caregiver perceptions and service impact; however, in the near future, DMH expects to capture data to measure other important mental health service outcomes through carefully designed special studies.

Data Collection Time Frames

- Data will need to be collected twice per year for two weeks during each data collection period.
- The first data collection period will be **November 3 - 17, 2003, inclusive**.
- The next data collection period is expected to be held in May 2004, though the exact date is yet to be determined.

Target Population for Consumer Perception Surveys

Consumers receiving the following services from county-operated and contract organization providers during the sampling period should be **INCLUDED** in the survey process:

- face-to-face mental health services
- case-management
- day treatment
- medication services

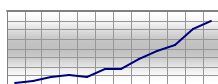
Note: Regardless of funding source, all consumers should be administered the consumer perception surveys.

Consumers served in the following settings should be **EXCLUDED** from the survey process:

- acute hospitals
- Psychiatric Health Facility (PHF)
- crisis (stabilization, residential and intervention)
- jail and jail hospital settings
- long-term care residential placements [e.g., State hospitals, Institute for Mental Disease (IMD)]
- individual / group contract managed-care network providers

Responsibility for Reporting Data to DMH

- The county of fiscal responsibility regarding the consumer should report consumer survey information to DMH.
- When in doubt about whether or not to survey a consumer, go ahead and survey him/her (unless clinical or other concerns are present).



September 22, 2003

Consumer Perception Surveys

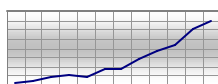
The official DMH surveys, listed in the table below, will be posted on the DMH website at <http://www.dmh.ca.gov/poqi>.

Survey:	Components:	Completed by:
Youth Survey	<ul style="list-style-type: none"> • Youth Services Survey (YSS) • Background Items 	<ul style="list-style-type: none"> • Youth age 13-18 • Transitional-age youth who continue to be tracked within the children's services system
Youth Survey for Families	<ul style="list-style-type: none"> • Youth Services Survey for Families (YSS-F) • Background Items 	<ul style="list-style-type: none"> • Parent/caregiver of youth up to age 18
Adult Survey*	<ul style="list-style-type: none"> • Mental Health Statistics Improvement Program (MHSIP) Consumer Survey -28 Item Version 1.1 • Quality of Life (QOL) Questions • Background Items 	<ul style="list-style-type: none"> • Consumers age 18 to 59
Older Adult Survey	<ul style="list-style-type: none"> • Mental Health Statistics Improvement Program (MHSIP) Consumer Survey -28 Item Version 1.1* • Quality of Life (QOL) Questions • Background Items 	<ul style="list-style-type: none"> • Consumers age 60 and above

***If transition away from the old MHSIP and/or CAQOL/QLSF surveys for the November 2003 data collection is expected to result in difficulties that cannot be overcome, then counties are urged to contact DMH for possible accommodation.**

Comment Section

- On each survey there is a place for consumers (or caregivers) to write comments.
- **These text data will not be entered into the DMH database.**
- Once processed by DMH, the consumer perception forms will be returned to counties.
- Counties may then make use of the consumer perception survey 'Comments' in their quality improvement processes.



September 22, 2003

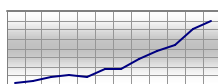
Language Translations

- The surveys have been developed in both English and Spanish for the November 2003 data collection window. (These forms can be accessed on the DMH website at <http://www.dmh.ca.gov/poqi>.)
- DMH is currently working on developing other language translations, and is prioritizing the development of these translations based on their frequencies as Medi-Cal threshold languages across counties.
- Until the official translations are available, DMH is not requiring counties to submit data on behalf of consumers for whom there are no translations available in their preferred language.
- Please DO NOT submit any data from non-official translations or translations done “on the fly.” Instances where survey forms are not available in a consumer’s preferred language can be documented in the “Reason” section located at the end of each survey form (reference the “Staff Members and/or Peer Advocates / Volunteers Component” section for more detailed information).
- If counties have any translation resources or would like to participate in developing official DMH translations of the surveys, any assistance or input that can be provided is welcome.
- DMH is committed to providing translations that can best serve the diverse needs of California’s consumers.

Staff Members and/or Peer Advocates / Volunteers Component

Located at the end of each of the surveys is a “For Office Use Only” section that contains three required data items and three optional data questions. This section is to be completed by any county staff members and/or peer advocates / volunteers who are responsible for administering the consumer perception surveys. The required fields should be completed **PRIOR** to the client being given the survey to complete. The data items are as follows:

- **“CSI County Client Number (CCN)” - Required Field**
Client and Services Information (CSI) System County Client Number
On the last page of each survey packet, the CCN must be completed for the survey to be accepted by DMH. This is the same CCN that is reported to the DMH Client and Services Information (CSI) System. This field should be right-justified with left leading zeros. (For example, a CCN “1234” should appear as “000001234”.) This field may be alpha-numeric (contain letters and numbers). **CLEARLY** write the CCN in the boxes and fill in the corresponding bubbles. In cases where the CCN contain alpha characters, leave the corresponding bubbles for the alpha characters **UNFILLED** since there are no “alpha” bubbles available. [See official data dictionary at <http://www.dmh.ca.gov/poqi> for formatting information.]
- **“Reason” - Required Field**
If consumers refuse or are unable to complete the survey, this information is to be entered into the “Ref, Imp, Lan, Oth” “Reason” codes at the bottom of the last page of



September 22, 2003

each survey. (The reporting of completion percentages, calculated as the ratio of surveys completed to surveys attempted, is now required for the Federal Block Grant.)

<u>Ref</u> = Refused	Consumer refused to complete the survey. (Note: This includes those consumers that intentionally leave the service site without completing the survey.)
<u>Imp</u> = Impairment	Consumer unable to complete the survey due to any type of significant impairment (e.g., cognitive, mental illness too severe, physical or medical difficulty).
<u>Lan</u> = Language	Consumer unable to complete the survey because the survey is not available in the necessary language.
<u>Oth</u> = Other	Consumer unable to complete the survey due to another reason, not specified above.

– **“Date Completed” - Required Field**

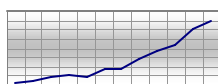
Day that the consumer completed the survey.

– **“County Questions #1-3” (*Optional Items*)**

There are three optional fields that counties may use in any manner that they choose. These are bubbled items, each numbered from 1-20, to be coded in any way, in order to capture such items as county provider number, service type, or any other variable of specific interest to counties for oversight purposes. When counties complete these items, the data will be returned to counties just as it was entered. As these items will have different meanings depending on the county, no aggregate data or interpretation will be made by DMH. These items are only there because counties have expressed their need to track such items as provider, region, etc., and DMH would like to accommodate such needs. If assistance is required in determining how to make use of these optional items, please contact staff at the DMH Performance Outcomes and Quality Improvement Unit.

Official Data Dictionaries

- Counties may choose to collect the DMH specified data elements using forms other than those designed and provided by DMH; however, counties who choose to do so are expected to format all data elements according to the DMH official data dictionaries.
- The following DMH official data dictionaries are posted at <http://www.dmh.ca.gov/poqi>:
 - Data Dictionary for the Youth Survey
 - Data Dictionary for the Child / Youth Survey for Families
 - Data Dictionary for the Adult Survey
 - Data Dictionary for the Older Adult Survey
- Data collected independently by counties will need to be submitted using the secure DMH Information Technology Web Services (ITWS), as has been done in the past.



September 22, 2003

Performance Outcome System Implementation Protocol – 2003-2004

Confidentiality

Consumer confidentiality must be ensured as part of the process of collecting consumer perception data. To encourage accurate responses, it is crucial that respondents to the consumer perception survey be assured confidentiality of their responses so that they will not have any fear of retribution. **The survey should never be returned directly to the clinician.** Clinicians and other direct service providers should only receive aggregate summary data.

Counties are urged to follow the survey administration procedures that are specified in this protocol under the “Recommended Methodology for Assessing Consumer Perceptions” section. However, at a minimum, it is recommended that completed surveys be placed in a sealed envelope by the consumer or county staff who are not directly responsible for providing treatment to the consumer.

Finally, a county may also want to provide an “Assurance of Confidentiality” statement along with the survey when given to the consumer. The following is an example of the text of such a statement:

“This is to assure you as a consumer receiving mental health services through *[insert agency name here]* that the consumer perception survey that you are about to complete is confidential. Your therapist will not see this and your responses will in no way affect your right to services. Because *[insert county name]* County will use the results to improve the quality of services, we are interested in your honest opinions, whether they are positive and/or negative. Thank you for your cooperation and help in improving our services to you!”

Note: This example assumes that the clinician will neither provide assistance to the consumer in completing the surveys, nor have access to individual consumer responses.

Recommended Methodology for Assessing Consumer Perceptions

A recent study by the CMHPC determined that there was a good deal of assistance being provided to consumers by clinicians. Such assistance has the potential to bias consumer responses in the positive direction (due to consumer fears of retribution or service reduction/discontinuation). Even a consumer’s family member may not be a good option, since consumers have reported feeling pressure to answer in a particular manner when their own family members are present.

To prevent such bias, it is recommended that counties have **peer advocates or volunteers**, such as students or consumer family members (not related to the consumers being surveyed) handle the administration of surveys and complete the three required fields (as specified in the “Staff Member and/or Peer Advocates / Volunteers Component” section of this protocol). DMH is suggesting the use of a conference room or office space at the service site where clinicians, case managers or others providing services may direct consumers **upon completion of their service visits**. If peer advocates and/or other volunteers perform the survey administration process in its entirety, it is expected that the validity of consumer responses will be maximized.



September 22, 2003

For instances where peer advocates and/or other volunteers (who are not employed by the county), will be handling protected health information, counties may be required to develop business associate agreements in accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines. Although it is likely that counties already have business associate agreements with external entities/volunteers in place, additional information may also be obtained from the California Office of HIPAA Implementation at http://www.ohi.ca.gov/calohi/docs/2002-15_Exhibit_4-BA_Agreement.doc. Counties are urged to contact their county HIPAA coordinator or legal counsel to determine whether or not standard business associate agreements are on file.

In sum, it is recommended that consumers complete the surveys on their own. However, if assistance is necessary, it should, ideally, **not** be provided by staff, **particularly not by the consumer's clinician or other individuals who provide direct services to the consumer.**

Submitting Data to DMH for the November 2003 Survey Period

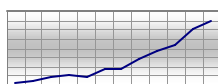
Option 1: DMH Data Processing (preferred by DMH)

- For the November 2003 survey period only, DMH will be accepting original, completed survey forms for centralized data input at DMH.
- Counties MUST use the official, DMH-created TELEform forms if they choose to send their completed survey forms to DMH for processing. **No other forms will be accepted.**
- Original DMH-created TELEform forms can only be accessed at <http://www.dmh.ca.gov/poqi>.
- Official-version surveys completed by consumers during this data collection period will need to be postmarked by December 12, 2003, and sent to the following address:

California State Department of Mental Health
Performance Outcomes and Quality Improvement
1600 9th Street, Room 130
Sacramento, CA 95814

Option 2: County Data Processing

- Counties that elect not to use these DMH-developed forms must submit the required data elements, in ASCII fixed width format, by January 31, 2004.
- County-collected data must be compiled according to the instructions specified in the DMH official data dictionary (refer to “Official Data Dictionaries” section).
- Data collected in this manner must be transmitted using the DMH ITWS, as has been done previously (see ‘DMH Information Technology Web Services’ section for more information).

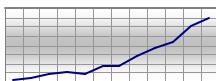


September 22, 2003

Instructions for Printing and Distributing DMH TELEform Forms

This section provides instructions to individuals who are coordinating the printing and distribution of the DMH-created TELEform forms.

1. Access the forms via the DMH website at <http://www.dmh.ca.gov/poqi>.
2. Click on your county's name. You must use your county's link because forms are prefilled to UNIQUELY identify each county. (Note: Clicking in the wrong link will result in another county receiving credit for your county's surveys.)
3. Once in your county's folder, you will be able to access the four types of surveys:
 - Youth Services Survey for Youth (2 pages)
 - Youth Services Survey for Parent (2 pages)
 - Adult Survey (4 pages)
 - Older Adult Survey (4 pages)
4. The files contain forms for up to 500 consumers and are created in Adobe Acrobat (.pdf) format. You will need to have Adobe Acrobat Reader 5.0 installed on your computer in order to open the file. A free version of this software may be obtained at: <http://www.adobe.com/products/acrobat/readstep2.html>.
5. If you have Adobe Acrobat Reader installed on your computer, double-click on the type of form you wish to print. The forms must be printed DIRECTLY from the Adobe Acrobat (.pdf) file. You may either save the file to your local computer OR print directly from the Internet. Please print to a high quality printer the number of forms you need. **Do not make photocopies of the forms.** If you need additional forms, simply access the forms at the website identified in #1. If you use a professional printing service or distribute the Adobe Acrobat (.pdf) file to various county providers, you MUST make sure that the instructions in #6 are followed.
6. **IMPORTANT:** When you are printing the forms, **UNCHECK** the box that reads: "**Shrink oversized pages to paper size**" in the Adobe Acrobat Reader print dialogue box to ensure that the image is not shrunk. If you have an option to "**Fit to Page**" in the print dialogue box, **UNCHECK** this box as well. If the forms are not printed correctly, DMH will NOT be able to process your county's data.
7. When printing the forms, you may just click on "print" to print the entire file. Recall that each file contains enough consumer surveys for up to 500 consumers. This means that the Youth Services Survey for Youth and the Youth Services Survey for Parent (both 2 pages long) will require you to print 1000 pages. The Adult and Older Adult forms are 4 pages long and so each file will require you to print 2000 pages for each. If you do not need 500 forms, then enter a page range in which to begin printing. If printing Youth Services Survey for Youth or for Parent, remember to select a page range in multiples of 2 (since each form is 2 pages long). If printing Adult or Older Adult surveys, remember to select a page range in multiples of 4 (since each form is 4 pages long). **Do not print forms back to back.**



September 22, 2003

8. Once the forms are printed, diagonally **STAPLE** all of the survey pages together in the top left-hand corner so that pages do not get lost or reordered. On the first page of each survey, a dashed line can be found in the top left-hand corner. This marks where you will need to staple the forms.

Instructions for Completing DMH TELEform Forms

This section provides information to individuals who are overseeing the completion of the DMH-created TELEform forms.

- Use only DMH TELEform formatted surveys located at <http://www.dmh.ca.gov/poqi>. TELEform surveys can be easily identified by the four corner posts (boxes) located on all four corners of the paper.
- Make sure that each survey contains the correct number of pages and that the pages are in the correct order. The "Youth Services Survey for Youth" and the "Youth Services Survey for Parent" are two pages each. The Adult survey and the Older Adult survey, which each contain MHSIP and Quality of Life questions, are 4 pages each. The survey should be diagonally stapled in the top left-hand corner (a dashed line marks the approximate spot where the staples should be located).
- Please use a black or dark blue INK pen when completing the TELEform forms; do not use pencil. All bubbles must be fully and completely marked to ensure maximum recognition.

Example: Correct ● Incorrect ✕ ○

- If an error is made, simply place an 'X' over the incorrect entry and then mark the correct bubble.

Gender:

Example: ● Male ✕ Female ○ Other

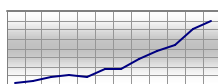
- All data entry fields should be RIGHT justified with leading zeros. That is, the data should be written in the right-most blanks and if an entry is fewer characters than the space allotted, zeros should be used to fill in the extra space to the left of the entry. For example, for the Youth's CSI Client Number, if the value is "1234", these numbers would just go in the RIGHT-most columns and 5 zeros precede the value. Fill in the corresponding bubbles under each entry.

CSI County Client Number

1. Write in the client's CSI County Client Number w/ leading zeros → **000001234**

2. Fill in the corresponding circles

0	●	●	●	●	●	○	○	○	○
1	○	○	○	○	○	●	○	○	○
2	○	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○	○
4	○	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○	○



- Once completed, it is **highly** recommended that forms be reviewed for accuracy before being returned to DMH. Send the completed forms to:

California Department of Mental Health
Performance Outcomes & Quality Improvement
1600 9th Street, Room 130
Sacramento, CA 95814

DMH Information Technology Web Services (ITWS)

- The DMH ITWS provides a secure Internet environment that can be used to transfer data between counties and DMH.
- Only authorized county staff may access the DMH ITWS.
- For file naming conventions, refer to the specific data dictionary that corresponds to the files that are being transferred to DMH.
- Information regarding the DMH ITWS, including obtaining authorizations, can be found at <https://mhhitws.cahwnet.gov/>.
- Questions regarding the DMH ITWS can be directed toward the ITWS Help Desk staff at (916) 654-3117.

DMH Technology Development

Following the November 2003 data collection period, DMH will be offering to counties a comprehensive data collection system (PODS-E), targeted for use by May 2004 that will include the following three options for reporting data:

- (1) web-based, on-line direct data entry (no cost technology option)
- (2) web-based scanning and verification system (low cost-to-county technology option)
- (3) the traditional Performance Outcomes data file upload method via ITWS

DMH will provide detailed information, demonstrations and regional trainings on the direct data entry and scanning/verification methods following the November 2003 data collection period so that counties may make informed choices regarding future use of one or more of these options.

Returning Data to Counties

- DMH recognizes that counties may wish to use these data for oversight and quality improvement purposes.
- **Once available**, authorized county staff will be able to download their county's consumer perception survey data from the DMH ITWS.



September 22, 2003

Contacts

If you have any questions regarding any section of this protocol, the following Performance Outcomes and Quality Improvement staff are available to provide assistance:

Stephanie Oprende, Ph.D., Chief, Performance Outcomes and Quality Improvement Unit

phone: (916) 653-3517

email: SOprende@dmhhq.state.ca.us

Traci Fujita, Research Analyst II

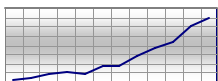
phone: (916) 653-3300

email: Tfujita@dmhhq.state.ca.us

Brenda Golladay, Research Analyst II

phone: (916) 654-3291

email: Bgollada@dmhhq.state.ca.us



September 22, 2003